RCENTRALITION

PATEN	eduction Act of 1995, no per TAPPLICATION F Substitute	sons are required to EE DETERMIT Form PTO-575	respond to a	RECORD	1 - 4 -	unless it	J.S. DEPARTMEI displays a yaid C Pricalion & Doc	PTO/SB/06 (12-0 06. OMB 0651-00; VT OF COMMERC OMB control number (SCI Huggiber
APPLICATION AS FILED - PART I (Column 1) (Column 2)				SMALL ENTITY		(	OTI SM	P/7D HER THAN ALL ENTITY
FOR SASIC FEE.	NUMBER FILED	NUMBER EXT	M.	RATE (\$)	FEE (S	., ]		
37 CFR 1.16(a), (b), or (c)) SEARCH FEE 37 CFR 1.16(k), (i), or (m))					39	5	RATE (\$	790
XAMINATION.FEE		:						
OTAL CLAIMS 7 CFR 1.16(i))	minus 20 =			, 20.	<del> - -</del>		6	
DEPENDENT CLAIMS CFR 1.16(h))	minus 3 =		-	<u>~ 03 =</u> ~ 100 =	╂╌┼╌	°	R XOO	=   -
PPLICATION SIZE	If the specification and -sheets-of-paper-the-a is \$250 (\$125 for smal additional 50 sheets of 35 U.S.C. 41(a)(1)(G)	oplication-size-fee- lentity) for each fraction thereof. S and 37 CFR 1.16(s	due	7.00			* <del>}00</del>	
ULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 4.16(1)).				180			360	1.
the difference in column	1 is less than zero, enter 10	in column 2.		TOTAL		7		
	LAIMS H	- PART II ·  Column 2) · · · (Column IGHEST	iu, 3)	SMALL I	ENTITY -	U;	⊰	L'ENTITY
ו אומכיו	AFTER PRE	UMBER PRESE		RATE (\$)	ADDI- TIONAL FEE (S)	1	RATE (S)	ADDI- TIONAL
137 CFR 1 15(1)	kings	20 -		25		r:.	50	FEE (S)
<u> </u>	27 075 1 19/511	3 2		100=		C:	200.	
	OF MULTIPLE DEFENDENT CL	AND OFFICE OF	-	180		-		
<u> </u>				OTAL		- OH	360	
(CA)	uhan 1  (C			DONFEE (		CH	FOTAL ADDIL FEE	
" "Ct	AIMS " HI	olumn 2): - (Criumo				<u> </u>		
A.	TER PRES	MBSP PESS MOUSLY EYTH DECH		PATE 151	400 1.7.2.	-	FO TE +3.	A
-Independent				25		i 1	50	
(37 CFR 1.16(h))	Minus		×	100		1	200	
Application Size Fee (3	7 CFR 1.16(s)) * MULTIFAE DEFENDENT CLA		$\dashv \vdash$	80				
		ia. 12. 21. 1.11		i-		{ p	360	
If the "Highest Number	is less than the entry in colu Previously Paid For IN THIS Previously Paid For IN THIS	SPACE is less than	AD m:: 3, 20, enter 120	O'L FEE		OK	SBF J'OOA	
Allection of information is	required by 37 CFR 1.16.	The information is re	ighest numb equired to of	Julin or relain	la heinefi k	46		
o calbenno oceoacco	required by 37 CFR 1.16, ion. Confidentiality is govern and submitting the complete re to complete this form and	ed by 35 U.S.C. 122	and 37 CFR	1.14. This co	Alection is es	, urc put dimated t	DISKE 13 minutes	e (and by the

and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2